

Form E – PSYCHOLOGICAL DISABILITY VERIFICATION FORM

E1 - To be completed by applicant. E2-E7 - To be completed by the licensed healthcare professional.

►NOTICE TO APPLICANT:

Form E, page E1, is to be completed by you. **Please complete, sign and have this page, E1, notarized before submitting the entire form, pages E1-E7, to your licensed healthcare professional for completion.**

Form E, pages E2-E7 are to be completed by the licensed healthcare professional who has been involved in the treatment of your disability or disabilities.

Applicant's Name: _____

Date of Birth: _____ SSN: XXX-XX- _____

I hereby authorize the release of the information requested on this form and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Applicant's Signature

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission expires _____, 20 _____.

(SEAL)

Signature of Notary

Registration Number (if applicable)

Sample
Page
Completed
By Applicant

►NOTICE TO LICENSED HEALTHCARE PROFESSIONAL: *For your convenience, this form (Form E – Psychological Disability) is also available on the Board’s website (www.vbbe.state.va.us) in a fillable “pdf” version. Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.*

I. Qualifications of the Licensed Healthcare Professional

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number (_____)

Name of Licensing Entity: _____

MEMO TO LICENSED HEALTHCARE PROFESSIONAL:

Following is the Board’s policy for determining whether to grant test accommodations on the General Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. “Substantially” means “considerable” or “specified to a large degree.” A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is “substantially limited” in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body’s own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is “substantial.”

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.

Legibly print or type your response to the items below. Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ____ Yes ____ No

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

II. **Psychological Disability**

1. State the specific diagnosis of the disability affecting the Applicant.

2. When was the Applicant first diagnosed with this condition? _____

3. Did you make the initial diagnosis? ____ Yes ____ No

If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

4. Briefly describe the Applicant's current self-reported symptoms of mental or psychological disabilities.

5. Are these symptoms secondary to any other disorders? ____ Yes ____ No

If yes, please explain.

6. What other diagnoses were considered?

7. How were other diagnoses ruled out?
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-
8. How long has the Applicant had a documented history of mental or psychological disability?
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9. Is this person being treated for the condition/disability? ____ Yes ____ No
- a. If yes, briefly describe treatment.
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- b. If the treatment includes medication, state each medication the Applicant is taking for this disability or condition and describe how the medication affects, abates, and/or treats the disability or condition. If the medication alone alleviates the Applicant's condition, so state.
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-
- c. Summarize any side effects your patient has experienced with this medication, specifically including any which will affect his/her performance on the Virginia Bar Examination.
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-
10. What remediation techniques have been attempted to alleviate this Applicant's impairment during tests? Have they worked?
-
-
-
11. Describe in detail all major life activities which are **substantially limited** by the Applicant's diagnosed disability at the current time. If there are none, so state.
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-
12. Is there any objective evidence that the requested accommodations have facilitated the Applicant's test performance in the past?
____ Yes ____ No
If yes, please explain.
-
-
13. Please attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:
- Full mental status
 - Psychosocial history (family, medical, educational, vocational, etc.)
 - Differential diagnoses
 - Diagnostic formulation
 - Prognosis
 - All five axes of the DSM-IV
14. If psychological/neuropsychological testing was conducted, please provide all test scores with interpretation.
15. In its current state, is the Applicant's disability temporary or permanent? ____ Temporary ____ Permanent
16. If you indicated the disability to be temporary, state when and under what conditions the disability/condition is likely to abate.
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-
-

IV. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC) attached & completed
2. ADDITIONAL TIME REQUEST CHART (ATRC) attached & completed

IV. Licensed Healthcare Professional's Certification

I have attached to this Form E copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form E for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the VBE under standard testing conditions or to delay taking the VBE until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Healthcare Professional

License/Certification Number/State

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

TESTING MODIFICATIONS REQUEST CHART (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to the water fountain or water station. *In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Chart A

| Check box | ACCOMMODATION | Specific rationale for accommodation. If you need more space, continue on a separate sheet of paper. |
|-----------|---|---|
| | Additional testing time. | <i>If checked, complete an ADDITIONAL TIME REQUEST CHART (ATRC) If ATRC is not completed, no extra time will be granted</i> |
| | Large Print (Standard - 12 point font) <input type="checkbox"/> 18 point <input type="checkbox"/> 24 point | |
| | Braille version of Exam | |
| | Use of magnifying glass or special visual aid/apparatus. <i>Specify in next column.</i> | |
| | Assistance in filling in MBE grid | |
| | Use of sign language interpreter | |
| | Use of a reader | |
| | Typist/use of a court reporter | |
| | Audio cassette version of exam | |
| | Separate testing area | |
| | Wheelchair accessibility | |
| | Other requests not listed above (please list requests below) | |

If an applicant with a claimed disability requests the use of a computer to type the answers to the essay questions and if the Board or its expert in the claimed disability concurs that the use of a computer is medically necessary, then the Board will guarantee the applicant a seat in one of the laptop testing rooms **provided the applicant properly registers and pays the appropriate fee.*

ADDITIONAL TIME REQUEST CHART (ATRC)

Day 1, Morning Session:

Applicants are administered an essay test consisting of 5 essay questions in various subject matters. An applicant is provided 8 sheets of lined paper per answer. Typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her answers using their own laptop computer.

Standard Time Requested Additional Time Total Test time for this testing session

3 hrs (180 min) + _____ = _____

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 1, Afternoon Session:

Applicants are administered an essay test consisting of 4 essay and 20 short answer questions (designed to be answered in a few words) in various subject matters. An applicant is provided 8 sheets of lined paper per essay answer and typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her essay answers using their own laptop computer. Short answer questions must be handwritten in the short answer booklet.

Standard Time Requested Additional Time Total Test time for this testing session

3 hrs (180 min) + _____ = _____

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Morning Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by "bubbling" in (using a pencil) answers on a computer-graded grid sheet.

Standard Time Requested Additional Time Total Test time for this testing session

3 hrs (180 min) + _____ = _____

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Afternoon Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by "bubbling" in (using a pencil) answers on a computer-graded grid sheet.

Standard Time Requested Additional Time Total Test time for this testing session

3 hrs (180 min) + _____ = _____

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.
